

Birthing Business in the Bush: It's Time to Listen

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**A thesis submitted in accordance with the
requirements for admission to the Degree of
doctor of Philosophy.**

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CERTIFICATE OF AUTHORSHIP / ORIGINALITY

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also verify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

A handwritten signature in black ink, appearing to read "Sue Allen", is centered on the page. The signature is fluid and cursive, with a horizontal line underneath the name.

Signature of the Candidate

ACKNOWLEDGEMENTS

Four years ago, my partner and I were sitting on the back deck looking out over our tropical garden during a magnificent wet season downpour. We had to decide if we would move 1500 kilometers from our home in Darwin, to Sydney, to undertake our PhDs. We had been planning an extended trip to Alaska, incorporating a visit to explore how it was the Inuit had managed to establish birthing services in very remote areas. However, the opportunity for PhD study in Sydney had arisen and the decision to make the move meant the trip would need to wait till the study was complete. Little did I realise that the next four years would be an amazing journey in it's own right.

Coming to Sydney and working with Lesley Barclay, at the Centre for Family Health and Midwifery, meant tumbling into a different world. The first year was overwhelming as we mingled with 'clever' people who seemed to have amazing knowledge of both national and international midwifery. Pat Brodie, Nicky Leap, Sally Tracy and Caroline Homer have all been fantastic role models whose encouragement, advice and nurturing have been much appreciated. They have all become great friends. There were opportunities to write grant applications (something I found exciting at first), partake in tendered work and learn, learn, learn. There were many times when I thought I had made the biggest mistake of my life, and regretted not taking the Alaskan option. The fortnightly student meetings, where many attended, provided the opportunity to learn about different research methods, and witness the trials and tribulations of other students, as we watched each other progress through our individual journeys. My thanks go to Lesley, Virginia Schmied and Marg Cook who were the 'supervisory team', guiding the student meetings and opening my eyes to the world of research. Special thanks must also go to the other students who participated in the meetings and assisted my progress. However, it has been the supervision from Lesley Barclay that has made the most impact on my work. She has the ability to make you believe that yours is the most important work in the world, coupled with her ever-present optimism and a superhuman speed with which she returns work. Additionally, in my second and third years, she provided the opportunity for consultancy in Indonesia. Together with the wonderful Judith Donoghue I was guided and mentored, and I met the most wonderful people. My second supervisor, Pat Brodie has been a friend

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Abbreviations

AARN	Australian Association of Rural Nurses
ABC	Australian Broadcasting Commission
ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community Controlled Health Service
ACMI	Australian College of Midwives Incorporated
AGPS	Australian Government Printing Service
AHS	Area Health Service
AHMRC	Aboriginal Health and Medical Research Council
AHW	Aboriginal Health Worker
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIHW	Australian Institute of Health and Welfare
ALSO	Advanced Life Support in Obstetrics
AMS	Aboriginal Medical Service
ANF	Australian Nursing Federation
AR	Action Research
ARRWAG	Australian Rural and Remote Workforce Agency Group
BAC	Bawinanga Aboriginal Corporation
CDEP	Community Development Employment Program
CMC	Computer Mediated Communication
CRANA	Council of Remote Area Nurses of Australia
DCITA	Department of Communications Information Technology and the Arts
DHAC	Department of Health and Aged Care
DHCS	Department of Health and Community Services, Northern Territory
DMO	District Medical Officer
FTE	Full Time Equivalent
GP	General Practitioner
HREOC	Human Rights and Equal Opportunity Commission
MEC	Maternity Emergency Care
MHP	Maternal Health Practitioner
NACCHO	National Aboriginal Community Controlled Health Organisation
NHMRC	National Health and Medical Research Council

NRHA	National Rural Health Alliance
NT	Northern Territory
O & G	Obstetrics and Gynaecology
PAR	Participatory Action Research
PDF	Portable Document Format
PHC	Primary Health Care
PHCAP	Primary Health Care Access Program
PRHCIT	Project for Rural Health Communications and Information Technologies
QLD	Queensland
RAN	Remote Area Nurse
RANM	Remote Area Nurse Midwife
RAP	Remote Area Practitioner
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RARE	Rapid Assessment, Response and Evaluation
RFDS	Royal Flying Doctor Service
RHEF	Rural Health Education Foundation
RHSET	Rural Health Support Education and Training
RTI	Regional Telecommunications Inquiry
SAHW	Senior Aboriginal Health Worker
SWSBSC	Strong Women, Strong Babies, Strong Culture Program
THS	Territory Health Service
TSI	Telecommunications Service Inquiry
TLO	Traditional Land Owner
UNFPA	United Nation's Population Fund
UNICEF	United Nation's Children's Fund
WHE	Women's Health Educator
WHO	World Health Organisation
www	World Wide Web

Glossary

Agency affiliation	In computer terminology this refers to meeting the needs of the target audience.
ALSO Course	An international evidence-based educational program targeting the development and maintenance of skills for managing maternity emergencies. Available to midwives, general practitioners and obstetricians.
Balanda	A term commonly used in the 'Top End' of the Northern Territory of Australia referring to non-Aboriginal people.
Burarra	One of the larger language groups in the Maningrida region of Arnhem Land.
Computer Mediated Communication	The integration of computers with telecommunication technology (telephone, satellite, cable and digital) as a communication medium.
Forum	An Internet-based system that enables users to send or read electronic messages, files, and other data that are of general interest, which are addressed to no particular person; also called bulletin board, discussion board or interactive message board.
Galah session	Radio communication method where people keep in touch with others in the remote setting.
Ganma	A Yolngu word describing a metaphor, an Indigenous theory and a social theory explaining how the society works, a place where new knowledge is recreated.
Gunga	The term that is used to describe marijuana.
Information Technology	Applied computer systems - both hardware and software, often including networking and telecommunications.
MEC Course	A Maternity Emergency Care course developed by the Council of Remote Area Nurses of Australia for non-midwives.
Moderator	Persons responsible for monitoring a Forum on the Internet. Moderators usually include the Webmaster and nominated others who have the ability to give access to, and remove

	postings from the Forum.
Navigator	Computer terminology describing software and websites that assist in guiding people through the information that is available on the Internet to targeted areas.
Post / Posting	A post / posting is an electronic message that is posted on a Forum in response to a thread.
Reach	Computer terminology referring to the number of people who are sharing the information available on the Internet.
Remote Workforce Agency	Agency responsible for recruiting and supporting doctors in remote communities in the Northern Territory.
Richness	Computer terminology referring to delivering quality information.
Search engine	A computer program that retrieves documents, files or data from a database or from a computer network (especially from the Internet), eg. Google™ and Yahoo®.
Telecommunications	The science and technology of communication at a distance by electronic transmission of impulses, as by telegraph, cable, telephone, radio, or television.
The Centre	The lower half of the Northern Territory of Australia including Tennant Creek and Alice Springs.
Thread	A thread refers to a set of posts on a Forum. It is composed of an initial post about a topic and all responses to it.
Top End	The upper half of the Northern Territory of Australia including Katherine and Darwin.
Webmaster	The term Webmaster refers to a person who is responsible for the design and maintenance of a website.

Terminology and Notes

Many of the definitions that appear in this thesis, particularly the information technology definitions, are derived from the Internet site: Dictionary.com (Dictionary.com, 2005). This site has been developed by the Lexico Publishing Group. It includes words from 11 different dictionaries, including Webster's Revised Unabridged Dictionary and The Free On-line Dictionary of Computing.

Indigenous Australians

There are many different Indigenous groups in Australia. Terms such as Aboriginal peoples, Aboriginal and Torres Strait Islander peoples and Indigenous have all been used in the literature. In this thesis I have followed the recommendations from 'Communicating Positively, A guide to appropriate Aboriginal terminology' (NSW Health, 2004) and I have used the term Indigenous with a capital as a form of respect. When speaking specifically about Aboriginal people from the Maningrida region and in the Northern Territory (NT) I have commonly used the term Aboriginal, though at times I have referred to smaller groups of Aboriginal people by their language group. When making international comparisons I have tended to use the term Indigenous and when quoting from other sources I have generally used the term that has been used in the source material. I have used the terms non-Indigenous and non-Aboriginal interchangeably, referring to all other non-Indigenous Australians. I have also used the term Balanda when referring to non-Aboriginal people in the Maningrida and NT area, as this is a term that is commonly used and understood by the residents of this region. Other terms that have been used to describe Aboriginal peoples from different regions include Yolngu, Tiwi, Koori, Ngaanyatjarra.

Title

The term 'Birthing Business', when used in this document, encompasses a broad definition of issues about birth that are important to Aboriginal women, their families and care providers. Similar to the Aboriginal holistic definition of health it includes more than just the 'physical issues' and it incorporates preconception through to the postnatal period. 'It's time to listen' is a phrase that is meant to encapsulate the need to 'listen' to Aboriginal women, community members, drawing on the available evidence and the

experiences of Indigenous peoples in other lands, in an attempt to introduce remote area birthing services.

Birth

When the terms ‘birth’ and ‘birthing’ are used as a verb, instead of the recognised verb ‘to give birth’, this is to reflect the terminology that is used in many Indigenous and midwifery communities in Australia.

Spelling

There was a lack of consensus on the spelling of many of the names and places in this thesis, particularly between language groups. An example of this would be the skin name that is spelt Ngarrichan in the Burarra language and Ngarridjdjan in the Eastern Kuninku language (Handelsmann, 1996). When appropriate I use the spelling that is recognised for the language group that I was describing. Linguists Murray Garde and Rebecca Green confirmed most of the spelling, with additional assistance received from Katie Cooper for the Burarra language. Hellen Matthews from the Health Centre assisted with the spelling of names. I sincerely apologise if any mistakes have been made.

Australian / United Kingdom spelling has been used throughout this thesis.

Northern Territory Health Department

During the course of this research the NT Health Department had a change of name from Territory Health Service (THS) to the Department of Health and Community Services (DHCS). In this thesis for ease of recognition when referring to this department I have used the more current term, DHCS.

Notes

All field notes are my own thoughts, ideas and notations unless otherwise stated. Due to the large size of the document it has been printed using Portable Document Format. At times this has resulted in unusual spacing between some letters, either reducing the space with letters running into each other, or giving the appearance of a space that is larger than normal. Though unfortunate, readability has not been compromised.

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ABSTRACT

The challenge of ameliorating or preventing the health problems of Indigenous Australians living in remote areas is compounded by the profound professional, cultural, social and personal isolation of the health professionals who work there. This isolation has direct effects on the recruitment and retention of health professionals to remote communities, and their ability to work effectively in this unfamiliar environment. The overarching goal of this research was to strengthen the capacity of these professionals to improve the quality of remote area maternity services in Australia and the experiences and outcomes for birthing women and their families. This was achieved by investigating a process of engagement with a wide range of stakeholders and utilising contemporary communication technology through the Internet. A case study approach was undertaken using participatory action research (PAR) with the elements of rapid assessment, response and evaluation methods (RARE). The research explored, described and analysed the development of resources aimed at decreasing isolation and increasing communication in the remote setting. Identifying the barriers, facilitators and utility of an information technology intervention was an integral part of the investigation process.

The first case study saw the development and evaluation of the *Maternity Care in the Bush Web Based Resource Library*, designed to decrease the isolation of practitioners from the educational resources and professional expertise available in current literature, guidelines and reports. The second case study targeted isolation from peers, with the development and evaluation of the *Remote Links Online Community*. This was designed to build partnerships between isolated practitioners, for the purpose of interactive peer support, information exchange and mentoring. The third and fourth case studies were guided by Aboriginal researchers and resulted in the development of the *Birthing Business in the Bush Website*, designed to decrease practitioners' isolation from cultural knowledge. An integrated component of this Website is the *Primary Health Care Guide to Planning Local Maternity Services*, designed to decrease the isolation of the health care practitioner from the community in which they are working. Issues related to conducting research in the Australian Indigenous setting have been explored, analysed and detailed.

Each case study contributed new knowledge and learning about the challenges and contemporary contexts of remote area maternity service provision in Australia. The use of PAR, and, most particularly, how this can be used in Indigenous research to produce goals that extended beyond the individual researcher's goals, has been described. The current difficulties associated with computer mediated communication, as experienced by remote practitioners, have been highlighted. The research has identified areas of need within the workforce that, if addressed, could contribute to improved health services.

Importantly, the research has documented, acknowledged, honoured and disseminated the voices of Aboriginal women, through the far reaching communication technology that is the Internet. Furthermore, the voices, concerns and conditions of remote maternity services providers were also documented and acknowledged. This workforce, often invisible and poorly valued, was assisted and supported to provide evidenced based, culturally appropriate maternity care, through the resources that were developed. To further progress the lessons taken from the research, recommendations have been developed and are listed in the Conclusion.

PROLOGUE

Reasons for Undertaking the Study

Prior to 1990, like most non-Indigenous people in urban Australia, I had had very little interaction with Aboriginal people. In 1990 I worked in the maternity unit of Alice Springs hospital in Central Australia. I was struck by the awkwardness and loneliness I observed in the women who came in from the remote communities to birth at the hospital. The overwhelming impression I felt was that they did not want to be in the air-conditioned hospital, which, even to me always seemed so cold and sterile. Many women seemed more comfortable sitting outside in the warm environment under the trees. From Alice Springs I moved to Derby in the Kimberley region of Western Australia where I worked for the Royal Flying Doctor Service (RFDS). In my position as a flight nurse I was responsible for assisting in the transfer of people from their remote communities and small rural towns, into the regional centre, for health and maternity services. I was also involved in the provision of primary health care services whereby the doctor and I would fly out to remote communities, usually for one day only to provide services. Some of the communities did not have a resident midwife and I would spend my time in the community providing antenatal care and doing Well Women's Checks¹.

It was in Derby that I began to understand more about the issues that were important to some of the Aboriginal women who were being removed from their communities for birth. I recall going out to communities to collect women who had previously been sent in to Derby to await birth, but for various reasons, had returned to their community before birth. I often found that by the time we landed in their community the woman had already birthed. We would then transfer a well woman and baby in to Derby for no apparent reason. Anecdotally, some people working in the health service said it was 'to teach them a lesson'. Since then I have worked in remote communities in Cape York Peninsula in Queensland and the 'Top

¹ Well Women's Checks included a general health check with breast, cervical, sexual health and chronic disease screening.

End’ of the Northern Territory (NT). My particular area of interest in these remote communities has always been women’s health and childbirth. However, I also found working in the remote setting incredibly frustrating. Women would want to birth in their home communities, yet this was not permitted. As a midwife I understood the importance of having family with you during this time, yet I could see the remote communities were not adequately resourced to provide birthing services. Maintaining appropriate staffing levels was an ongoing battle, with extraordinarily high turnover rates. I believed that providing birthing services for women in remote communities could be done safely, possibly with better outcomes, than many of the women were experiencing in the regional hospital. In addition, I believed that it would have improved both the birthing experiences for the women as well as my job satisfaction as a midwife.

During this 12 year period four different Area Health Services employed me across Western Australia, Queensland and the NT. I was given no more than a two-day orientation in each area, even when signing a two-year contract in the NT. To date, I have never had any formal cultural awareness training. Initially I was acutely ‘under prepared’ for the cultural environments in which I worked. At times my learning curve was steep, and at other times, it was frustratingly slow. Aboriginal Health Workers (AHWs) have taught me many things about their culture and their communities, and to them I will always be grateful. This was on top of their already full workload and as such, it should not have been expected of them.

Maningrida is a community in the ‘Top End’ of the NT where I worked for two and a half years. Molly Wardaguga is a retired Senior Aboriginal Health Worker (SAHW) who became my mentor in this community. After completing my time working in Maningrida, in 1999, I worked in the NT Department of Health and Community Services (DHCS) in the Women’s Health Strategy Unit. As a policy officer in this department I undertook a consultation about birthing services with women from remote areas in the ‘Top End’. I have drawn on some of the quotes from this consultation to illustrate certain points in the literature review. My next role was as the Women’s Health Educator (WHE) where I was responsible for supporting women’s health and maternity services across the Darwin Remote Region. It was in this position that I decided to do my doctorate. I wanted to explore ways to improve services to

remote Indigenous women. I realised that this required partnership with Indigenous women and decided to ask Molly Wardaguga if she would be prepared to work with me, thankfully she agreed.

My reasons for undertaking this research included a desire to strengthen the quality of remote maternity services for both the women and the practitioners. If Australian Aboriginal women win their battle to birth on their land, then I may have assisted to strengthen the environment for this to occur. By developing the resources that were the focus of the participatory action research (PAR) in the case studies, I also hope to shorten the learning curve of new midwives going out into these remote areas.

The principles of authoritative knowledge, Indigenous knowledge and primary health care have been used to examine the circumstances surrounding birthing for women in remote areas of Australia. Four case studies will be presented and critiqued within these frameworks. Each case study describes the development and evaluation of computer mediated communication strategies to reduce the isolation of the remote based practitioner. The first aimed to reduce isolation from educational resources (The Resource Library); the second to reduce isolation from peers (The Online Community); the third to reduce isolation from cultural knowledge (Birthing Business in the Bush Website); and the fourth aimed to reduce isolation from the community in which the practitioner is working (A Primary Health Care Guide to Planning Maternity Services in Your Community). All four resources are available via the Internet and the barriers and facilitators that influence the utility of strategies delivered in this way have been explored and described in each individual case study.

Subjectivity of the Researcher

The professional organisation that supports remote area nurses in Australia is called the Council of Remote Area Nurses of Australia (CRANA). I have been a member of CRANA for some time and was an active member of both the education committee and information technology committee. I was involved in writing the Maternity Emergency Course for non-midwives a multidisciplinary course with most participants being remote area nurses and Aboriginal health workers. This involves a self-directed learning package followed by a two

Prologue

and a half day workshop for 20 participants. I have been a facilitator for the five courses that have been held to date and this has given me the opportunity to meet with remote practitioners from around the country. I have had many conversations with them about my doctorate and information technology resources in remote areas. This has provided an opportunity to promote the resources on which I was working. During the course of the doctorate I became a state representative for CRANA (2003) and then in September 2004, I became the vice president.